

EXHIBIT “B”



125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | 512.463.8588 | WWW.TXDOT.GOV

Thu, 12 May 2022

STATE OF TEXAS §

This is to certify that I, Jim Hollis, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Tue, 11 January 2022, which occurred in Bowie County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

Jim Hollis
Director, Crash Data & Analysis Section
125 East 11th Street
Austin, TX 78701-2483
1-844-274-7457



*Crash Date (MM/DD/YYYY) 01 / 11 / 2022		*Crash Time (24HRMM) 1 0 4 5		Case ID 22-003420		Local Use	
*County Name BOWIE				*City Name TEXARKANA		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees)		Longitude (decimal degrees)	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdw. Sys. LR		*Hwy. Num.		2 Rdw. Part 1		Block Num. 2800	
3 Street Prefix S		*Street Name BISHOP		4 Street Suffix RD			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 55		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdw. Sys. US		Hwy. Num. 59		2 Rdw. Part 1	
Block Num. 4000		3 Street Prefix		Street Name LAKE		4 Street Suffix DR	
Distance from Int. or Ref. Marker 250		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc.		RRX Num.					
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State AR	
LP Num. K790168		VIN 1 F U J G E D V X D S B Z 6 1 8 2					
Veh. Year 2 0 1 3		6. Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model CASCADIA 125	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 2		DL/ID State TX		DL/ID Num. 13024563		9 DL Class A	
10 CDL End. N, P, S		11 DL Rest. A		DOB (MM/DD/YYYY) 0 5 / 2 5 / 1 9 6 9			
Address (Street, City, State, ZIP) 3521 CONNIE LN TEXARKANA, TX 75503							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		GLOVER, JEFF	
B		52		W		1	
1		1		1		1	
1		97		N		96	
96		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ABERNATHY COMPANY INC, 3820 E 19TH ST TEXARKANA, AR 71854					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 2		Fin. Resp. Name STARR INS COMPANY		Fin. Resp. Num. 1000638049211	
Fin. Resp. Phone Num. 501-372-5200		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By Red River Wrecker		Towed To 916 N. Robison Rd.					
Unit Num. 2		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State AR	
LP Num. PT149270		VIN 1 J J C 4 0 2 1 1 N L 1 7 9 6 8 5					
Veh. Year 1 9 9 2		6. Veh. Color BRO		Veh. Make WABASH NATIONAL CORP		Veh. Model UNKNOWN	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ABERNATHY COMPANY INC, 3820 E 19TH ST TEXARKANA, AR 71854					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 2		Fin. Resp. Name STARR INS COMPANY		Fin. Resp. Num. 1000638049211	
Fin. Resp. Phone Num. 501-372-5200		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By Red River Wrecker		Towed To 916 N. Robison Rd.					

Law Enforcement and TxDOT Use ONLY.
Form CR-3 (Rev. 1/1/2018)

Case ID22-003420
TxDOT Crash ID18690840.1/2022009014

3075

Page 2 of 2

Case 2:22-cv-00191-JRG-RSP Document 72-2 Filed 08/18/23 Page 4 of 4 PageID #: 3075

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
	1	1	WADLEY HOSPITAL	LIFE NET												
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address												
CMV	Unit Num.	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	1					1	1	00356237								
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type											
	ABERNATHY COMPANY INC		3820 E 19TH ST TEXARKANA, AR 71854		9											
	31 Bus Type	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	8	0	0	0	0	32 HazMat Class Num.	32 HazMat ID Num.	32 HazMat Class Num.	32 HazMat ID Num.	33 Cargo Body Type	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
0											3					
Unit Num.	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	4	0	0	0	0	34 Trlr. Type	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
2							2									
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles								
	3															
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	60		50					1	1	97	4	4	1	17	
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale							
	UNIT 2 WAS BEING TOWED BY UNIT 1. UNIT 1 WAS TRAVELING EAST ON US 59 AND PROCEEDED TO TURN RIGHT (SOUTH) ON S. BISHOP RD. AS UNIT 1 CONDUCTED HIS RIGHT TURN UNIT 1 AND UNIT 2 ROLLED ON ITS SIDE CAUSING DAMAGE TO BOTH UNITS. THE DRIVER OF UNIT 1 STATED HE WAS UNSURE WHAT HAPPENED. THIRD PARTY WITNESSES STATED IT DID NOT APPEAR AS IF HE WAS GOING TOO FAST BUT THAT HE JUST OVERTURNED. WITNESS SHELIA SMITH (903) 949-2099. WITNESS CURTIS MCHESTER (903) 556-2456. WITNESS THOMAS MCQUEEN (530) 340-1293.															
INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)		ID Num.		Service/Region/DA					
	1 0 4 6		DISPATCH		1 0 5 3		01/11/2022		0254		0 1					
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Jones, Darren M.														
ORI Num.	T	X	0	1	9	0	5	0	0	*Agency TEXARKANA POLICE DEPARTMENT						